

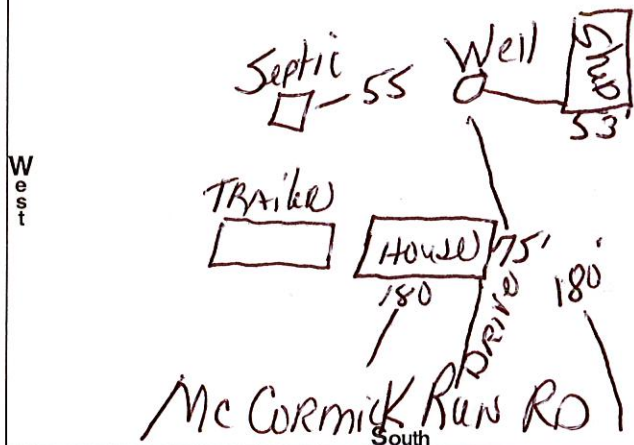
TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

Ohio Department of Natural Resources
Division of Soil and Water Resources, 2045 Morse Road Building B
Columbus, Ohio 43229-6693 Voice (614) 265-6740 Fax (614) 265-6767

WELL LOCATION

County COLUMBIANA Township MADISON
Owner/Builder BRUCE PALMER
(Circle One or Both) First Last
Address of Well Location 17931 McCormick Run RD.
Number Street Name
City SALINEVILLE Zip Code +4 43945
Permit No. 9660 Section/Lot No. (Circle One or Both)
Location of Well in State Plane coordinates, if available: Use of Well PRIVATE
N ☐ X N 40° 38' 51" E +/- ft. or m
S ☐ Y W 080° 43' 16" S +/- ft. or m
Elevation of Well +/- ft. or m
Datum Plain: ☐ NAD27 ☐ NAD83 Elevation Source 1079
Source of Coordinates: ☒ GPS ☐ Survey ☐ Other

Sketch a map showing distance well lies from numbered state highways, street intersections, county roads, buildings or other notable landmarks. If latitude and longitude are available please include here: Lat: _____ Long: _____
North



WELL TEST*

Pre-Pumping Static Level 37 ft. Date 7-3-21
Measured from: ☐ Top of Casing ☐ Ground Level ☐ Other
☐ Air ☐ Bailing ☐ Pumping* ☐ Other
Test Rate 20+ gpm Duration of Test 2 HRS hrs.
Feet of Drawdown _____ ft. Sustainable Yield 20+ gpm
(Attach a copy of the pumping test record, per section 1521.05, ORC)
Is Copy Attached? ☐ Yes ☐ No Flowing Well? ☐ Yes ☐ No
Quality CLEAR, NO ODOUR

PUMP/PITLESS

Type of pump SUBMERSIBLE Capacity _____ gpm
Pump set at 50 ft. Pitless Type SIMMONS
Pump installed by SMITH DRILLING CO.
I hereby certify the information given is accurate and correct to the best of my knowledge.
Drilling Firm SMITH DRILLING CO.
Address P.O. Box 213
City, State, Zip Chestertown, NY 126034
Signed Lucky Reed Date 7-5-21
ODH Registration Number _____

CONSTRUCTION DETAILS

☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Other
BOREHOLE/CASING (measured from ground surface)
1 ☐ Borehole Diameter 6 7/8 inches Depth 60 ft.
Casing Diameter 31 in. Length 31 ft. Thickness .329 in.
2 ☐ Borehole Diameter _____ inches Depth _____ ft.
Casing Diameter _____ in. Length _____ ft. Thickness _____ in.
Casing Height Above Ground _____ ft.
Type 1 ☒ Steel 1 ☐ Galv. 1 ☐ PVC 1 ☐ Other Installed 56 FT. LINER SDR-2
2 ☐ Steel 2 ☐ Galv. 2 ☐ PVC 2 ☐ Other
Joints 1 ☐ Threaded 1 ☐ Welded 1 ☐ Solvent 1 ☐ Other
2 ☐ Threaded 2 ☐ Welded 2 ☐ Solvent 2 ☐ Other
SCREEN N/A
Diameter _____ Slot Size _____ Screen Length _____ ft.
Type _____ Material _____
Set Between _____ ft. and _____ ft.
GRAVEL PACK (Filter Pack)
Material/Size N/A Volume/Weight Used _____
Method of Installation _____
Depth: Placed FROM _____ ft. TO _____ ft.
GROUT Bentley Volume/Weight Used 16 BAGS
Material Poured AROUND OUTSIDE OF CASING
Method of Installation 8 ft. TO 31 ft.
Depth: Placed FROM _____ ft. TO _____ ft.

DRILLING LOG*

INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED. Show color, texture, hardness, and formation: sandstone, shale, limestone, gravel, clay, sand, etc.	From	To
TOP SOIL	0	3
BROWN SHALE	3	7
BROWN SANDSTONE	7	15
GRAY CLAY	15	17
GRAY SANDSTONE	17	28
GRAY SHALE	28	37
Water	37	37
LIGHT GRAY SANDSTONE	37	53
GRAY SHALE	53	60

*(If more space is needed to complete drilling log, use next consecutively numbered form.)

Date of Well Completion 7-5-21 Total Depth of Well 60 ft.

Completion of this form is required by section 1521.05, Ohio Revised Code - file within 30 days after completion of drilling.

ORIGINAL COPY TO - ODNR, DIVISION OF SOIL AND WATER RESOURCES, 2045 MORSE ROAD BLD. B, COLS., OHIO 43229-6693

Blue - Customer's copy Pink - Driller's copy Green - Local Health Dept. copy